

PTO/SB/22 (12-04)

Approved for use through 07/31/2006. OMB 0651-0031  
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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |        | Docket Number (Optional)<br><b>112.P14008</b> | <b>RECEIVED<br/>CENTRAL FAX CENTER<br/>MAR 28 2006</b> |  |     |                  |  |   |       |      |               |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
|---|--------|---|--|--|-----|------------------|--|---|-------|------|---------------|---|-------|-------|----------|---|--------|-------|----------|--|--------|-------|----------|--|--------|--------|----------|
| Application Number <b>09/883,195</b>  |        | Filed <b>6/19/2001</b>                        |  |  |     |                  |  |   |       |      |               |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| For <b>UMAX: CALIBRATION METHOD OF AN IMAGE-CAPTURE APPARATUS</b>   |        |   |  |  |     |                  |  |   |       |      |               |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| Art Unit <b>2626</b>  |        | Examiner                                      |  |  |     |                  |  |   |       |      |               |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table><thead><tr><th></th><th>Fee</th><th>Small Entity Fee</th><th></th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$120</td><td>\$60</td><td>\$ <u>120</u></td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$450</td><td>\$225</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$1020</td><td>\$510</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$1590</td><td>\$795</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$2160</td><td>\$1080</td><td>\$ _____</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-3703</u>. I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor.<br/><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).<br/><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>47,812</u><br/><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>Registration number if acting under 37 CFR 1.34 _____</p> <p>_____<br/>Signature</p> <p><u>3/28/06</u><br/>Date</p> <p><u>Steven J. Munson</u><br/>Typed or printed name</p> <p><u>503.439.6500</u><br/>Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>one</u> forms are submitted.</p> |        |   |  |  | Fee | Small Entity Fee |  | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ <u>120</u> | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ _____ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ _____ |
|   | Fee    | Small Entity Fee                              |  |  |     |                  |  |   |       |      |               |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120  | \$60  | \$ <u>120</u>  |  |     |                  |  |   |       |      |               |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450  | \$225   | \$ _____   |  |     |                  |  |   |       |      |               |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020 | \$510   | \$ _____   |  |     |                  |  |   |       |      |               |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590 | \$795   | \$ _____   |  |     |                  |  |   |       |      |               |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160 | \$1080  | \$ _____   |  |     |                  |  |   |       |      |               |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |

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